



ST. JOHN

THE BAPTIST PARISH

1811 W. Airline Highway
LaPlace, LA 70068
(985) 652-9569



ST JOHN THE BAPTIST PARISH
ELIANA DEFRANCESCHI Clerk of Court
I certify that this is a true copy of the
original filing that was recorded on:
04/20/2021 10:20AM
379667- CO

[Signature] #82951

MEMORANDUM OF UNDERSTANDING
BETWEEN
ST. JOHN THE BAPTIST PARISH
AND
NEW WINE CHRISTIAN FELLOWSHIP

This MEMORANDUM OF UNDERSTANDING (MOU) is hereby made and entered into on this 9th day of March, 2021 by and between **St. John the Baptist Parish Council**, (hereinafter referred to as "Parish"), represented by Jaclyn Hotard, Parish President and **New Wine Christian Fellowship**, (hereinafter referred to as "NWCF") represented by Neil Bernard, Pastor, duly authorized to enter into this MOU on behalf of NWCF via resolution passed on the 8th day of December 2020, under the following terms and conditions. St. John the Baptist Parish Council and New Wine Christian Fellowship are sometimes individually referred to as "Party" and collectively referred to as the "Parties".

WHEREAS, the Parish has determined that the facility (gym) located at 1921 W. Airline Hwy, LaPlace, LA and the parking lot may be suitable for the Parks and Recreation Department of St. John the Baptist Parish basketball teams to practice and host games as scheduled by the Parks and Recreation Department; and

WHEREAS, NWCF has the resources to allow the Parks and Recreation Department basketball teams to practice and host games to efficiently serve the public citizens in the best interest of the Parish; and

WHEREAS, NWCF will provide the Parish use of a clean, safe, and structurally sound facility equipped with cooling, heating, water and restroom systems that are in proper functioning and working order and use of the parking lot; and

WHEREAS, the Parks and Recreation Department of St. John the Baptist Parish will provide basketball equipment and other recreational type of equipment and affects to NWCF to be used; and

WHEREAS, NWCF has agreed to comply to the terms of this MOU.

NOW THEREFORE, St. John the Baptist Parish and NWCF for the consideration and under the conditions set forth do agree as follows:

PURPOSE

The purpose of this Memorandum of Understanding is to establish the responsibilities between the Parish and NWCF for the use of the facility (gym).

MISSION

The mission and vision of St. John the Baptist Parish Government is to effectively and efficiently serve the citizens of the community in a manner that ensures transparency, ethical business practices, economic development and a thriving healthy community.

DEFINITIONS

Defined Terms – As used herein the following terms shall have the following meanings unless the context otherwise requires, and such meanings shall be equally applicable to both singular and plural forms of the terms herein defined:

“**MOU**” shall have the same meaning as “**Agreement**”.

“**Agreement**” shall mean this Memorandum of Understanding.

“**Parish**” shall mean the St. John the Baptist Parish Council.

“**NWCF**” shall mean New Wine Christian Fellowship.

OBJECTIVES

The Parties shall endeavor to work together to develop and establish policies and procedures that will promote and sustain a market for Parks and Recreation Department of St. John the Baptist Parish to provide basketball equipment and other recreational type equipment and affects to NWCF to be used as NWCF will offer the use of their facility (gym) to the Parks and Recreation Department basketball teams to practice and host games as scheduled by the Parks and Recreation Department., and intend to maintain a product and/or service that meets or exceeds all business and industry standards.

It is mutually understood and agreement upon by and between the Parties that:

RESPONSIBILITIES OF THE PARISH:

1. The Parish will name NWCF as additional insured.
2. Provide support for the successful implementation of basketball practices and games as scheduled by the Parks and Recreation Department
3. Provide basketball practice schedule and game schedule at least seven (7) days in advance
4. Provide basketball equipment and other recreation type equipment
5. Schedule pre-trained Parish staff to assist during basketball practices and games, as requested by NWCF.
6. Provide insurance for basketball practice participants **(See Exhibit A)**.

RESPONSIBILITIES OF NWCF:

1. Provide use of their facility (gym) to the Parks and Recreation Department basketball teams to practice and host games
2. Consult with Director of Parks and Recreation Department or designee regarding this Agreement
3. Request assistance from the Director of Parks and Recreation Department or designee for needs such as equipment, supplies, staffing and technical assistance.
4. Provide insurance for property including the parking lot **(See Exhibit B)**.

JOINT RESPONSIBILITIES:

1. Manage the set-up, operations, and demobilization of the facility.
2. Participate in required meetings as requested by either party.

MODIFICATIONS

This Agreement sets forth the full and entire understanding of the Parish and NWCF regarding the matter herein. This Agreement may be modified by mutual consent of both parties.

TERM

The term of this Agreement will become effective on _____ for a period of three (3) years.

AMENDMENT

This Agreement may be amended by written consent, executed by both parties and subject to approval by St. John the Baptist Parish Council.

EXTENSION

The term of this Agreement may be extended by written consent, executed by both parties and subject to approval of the St. John the Baptist Parish Council.

WITHDRAWAL OF PARTICIPATION

Any party to this agreement may withdraw as a participant upon providing a thirty (30) day prior written notice to the other party. NWCF's participation in this project is voluntary and NWCF may withdraw from the project at any time.

If NWCF withdraws from the project at any point, the Parish will not be responsible for any costs incurred or contracts or subcontracts entered into by the NWCF.

NOTICE

All notices or demands required to be given, pursuant to the terms of this Agreement, shall be in writing and sent to the other party via United States certified mail, postage prepaid and signature required. Seven (7) calendar days written notice of change of address shall be sent to the other party by the manner stated above.

If to NWCF:

New Wine Christian Fellowship
Attn: Pastor Neil Bernard
1921 West Airline Hwy
LaPlace, LA 70068
Telephone: (985) 653-0008

If to Parish:

St. John the Baptist Parish
Attn: Jaclyn Hotard
1811 West Airline Hwy
LaPlace, LA 70068
Telephone: (504) 652-9569

ENTIRE AGREEMENT

This MOU shall constitute the entire understanding between the Parties with respect to the subject matter hereof, superseding all negotiations, prior discussions and preliminary Agreements. There is no representation or warranty of any kind made in connection with the transactions contemplated hereby that is not expressly contained in this MOU.

INDEMNIFICATION AND HOLD HARMLESS

Each of the parties signatory to this agreement agrees to indemnify and hold all other parties harmless and waives all claims for compensation for any loss, damage, personal injury, death, or other entanglement incurred arising as a consequence of general or specific acts or omissions of the indemnifying parties' own employees, agents and designated representatives in the performance of this Agreement.

RIGHT OF ACCESS

NWCF grants freely and without coercion the right of access and entry to the subject property to the Parish of St. John the Baptist.

ACCESS TO RECORDS AND REPORTS

Pursuant to the provisions of the Code of the Parish of St. John the Baptist, Chapter 1, Art. VII, Sect. H (relative to the operations and authority of the Parish to conduct an independent audit of all accounts and financial transactions of the Parish), incorporated herein by reference), NWCF agrees to provide the Parish access to all books, documents, papers, and records of NWCF which are directly pertinent to this Agreement for the purposes of making audits, examinations, excerpts and transcriptions. NWCF agrees to maintain all books, records, accounts and reports required under this Agreement for a period of three years from the end of the performance period.

SEVERABILITY

If any terms or provisions of this MOU shall be invalid or unenforceable, the remainder of this MOU's, terms, provisions or applications to circumstances which is not held invalid or unenforceable shall not be affected thereby, and each term and provision of this MOU shall be valid and enforceable to the fullest extent permitted by law.

ADDITIONAL INSTRUMENTS

The parties hereto agree that, when called on to do so, each of them will execute such other instruments in writing or do such other things that are required in order to give full effect to the covenants and conditions required of them under this MOU.


APPLICABLE LAW

NWCF and the Parish hereby consent and yield to the jurisdiction of the 40th Judicial District Court District for the Parish of St. John the Baptist and do hereby formally waive any pleas of jurisdiction.


IN WITNESS THEREOF this agreement has been executed and approved on this 9th day of March 2021 and is effective and operative as to each of the parties as herein provided.



Neil Bernard
Pastor
New Wine Christian Fellowship




Jaclyn Hotard
Parish President
St. John the Baptist Parish

Witness: 

Witness: 

Witness: 

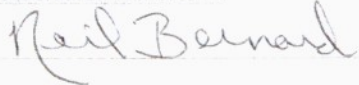
Witness: 

New Wine Christian Fellowship

Corporate Resolution of Signing Authority

WHEREAS, the Corporation is determined to grant signing and authority to certain person(s) described hereunder;


RESOLVED, that the Board of Directors is hereby authorized and approved to authorize and empower the following individual to make, execute, endorse and deliver in the name of and on behalf of the corporation, but shall not be limited to, any and all written instruments, agreements, documents, execution of deeds, powers of attorney, transfers, assignments, contracts, obligations, certificates and other instruments of whatever nature entered into by this Corporation:

Name: Neil J. Bernard
Position/Title: Pastor & Chairman of the Board
Telephone Number: 504-461-1623
Email Address: neilbernard@yahoo.com
Signature: 

The undersigned certifies that he/she is the properly elected and qualified Chairman of the Board, signing authority of New Wine Christian Fellowship, a corporation duly conformed pursuant to the laws of the state of Louisiana, and that said authority is held in accordance with state law and within the Bylaws of the above-named corporation.

This resolution has been approved by the Board of Directors of New Wine Christian Fellowship on January 1, 2020

I, as authorized by the Company, hereby certify and attest that all the information above is true and correct.


Pastor & Chairman of the Board

1929 W. Airline Hwy – LaPlace, LA 70068 Office: (985)653-0008 Email: admin@newwineplace.org

“Renewing Lives, Restoring Families, & Rebuilding Communities”

EXHIBIT A



| CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) 3/25/2021 8:00:41 AM | | | | | | | | | | | | | | |
|---|--|---|---|----------------------------------|--|------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. | | | | | | | | | | | | | | | | |
| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | | | | | | | | |
| PRODUCER FRANCIS L. DEAN & ASSOCIATES, LLC 12800 UNIVERSITY DR STE 125 FORT MYERS, FL 33907-5335 (800) 745-2409 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PHONE (800) 745-2409 (A/C, No, Ext):</td> <td style="width:50%;">FAX (630) 665-7294 (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL info@fdean.com</td> </tr> <tr> <td colspan="2">ADDRESS:</td> </tr> </table> | | PHONE (800) 745-2409 (A/C, No, Ext): | FAX (630) 665-7294 (A/C, No): | E-MAIL info@fdean.com | | ADDRESS: | | | | | | | | | |
| PHONE (800) 745-2409 (A/C, No, Ext): | FAX (630) 665-7294 (A/C, No): | | | | | | | | | | | | | | | |
| E-MAIL info@fdean.com | | | | | | | | | | | | | | | | |
| ADDRESS: | | | | | | | | | | | | | | | | |
| INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: St. John Parish Recreation 1811 West Airline Highway LaPlace, LA 70068 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A : United States Fire Insurance</td> <td align="center">2111</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : United States Fire Insurance | 2111 | INSURER B : | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| | INSURER A : United States Fire Insurance | 2111 | | | | | | | | | | | | | | |
| | INSURER B : | | | | | | | | | | | | | | | |
| | INSURER C : | | | | | | | | | | | | | | | |
| | INSURER D : | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: USP334118 REVISION NUMBER:

| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN | | | | | | | | | |
|---|--|----------|----------|--------------------------|--------------------------------|--------------------------------|--------------------------|----------------|-------------------------------------|
| INS R | TYPE OF INSURANCE | ADD L | SUB R | POLICY NUMBER | POLICY EFF | POLICY EXP | L | | |
| A | GENERAL LIABILITY | | | SRPGAPML-101-0720 | 03/18/2021 12:01 AM | 03/18/2022 12:01 AM | GENERAL AGGREGATE | \$1,000,000.00 | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | PRODUCTS - COMP/OP | \$1,000,000.00 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | PERSONAL & ADV INJURY | \$1,000,000.00 | |
| | <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS | | | | | | EACH OCCURRENCE | \$1,000,000.00 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | FIRE DAMAGE (Any one) | \$300,000.00 | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PR <input type="checkbox"/> LO | | | | | | MED EXP (Any one person) | \$0.00 | |
| | AUTOMOBILE LIABILITY | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) |
| <input type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per | \$ | | | |
| <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per | \$ | | | |
| <input type="checkbox"/> HIRED AUTO | <input type="checkbox"/> NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ | |
| | <input type="checkbox"/> OCCUR | | | | | | AGGREGATE | \$ | |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | | | |
| | DED | | | | | | EACH OCCURRENCE | \$ | |
| | RETENTION \$ | | | | | | GENERAL AGGREGATE | \$ | |
| | | | | | | | EACH OCCURRENCE | \$ | |

| | | | | | | | |
|--|--|--|--|--|--|-------------------|----|
| | | | | | | GENERAL AGGREGATE | \$ |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Covered Activity: Adult & Youth Sports Activities | | | | | | | |

CERTIFICATE HOLDER CANCELLATION

| | |
|--|---|
| St. John Parish Recreation 1811 West Airline Highway LaPlace, LA 70068 | SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE <p style="text-align: right;">Francis L.</p> |

ACORD 25 (2010/05) v141120.001

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NAMED INSURED MEMBER CERTIFICATE OF COVERAGE

| | |
|---|--|
| CERTIFICATE #: USP334118 MASTER POLICY #: SRPGAPML-101-0720 | |
| Policyholder: Sports and Recreation Providers Association Purchasing Group 1776 South Naperville Road, Bldg.-B Wheaton, IL 60189 | Named Insured Member: St. John Parish Recreation 1811 West Airline Highway LaPlace, LA 70068 |
| Certificate Coverage Period: 03/18/2021 to 03/18/2022 at 12:01 AM at the mailing address of the Named Insured Member shown above. | |
| Master Policy Issued By: United States Fire Insurance Company | |
| Certificate of Coverage Issued By: Francis L. Dean & Associates, Inc. 12800 University Drive #125 Fort Myers, FL 33907 Telephone: (800) 745-2409 | |
| Location / Description of Operations: Adult & Youth Sports Activities See Endorsement Schedule below for any exclusions or limitations | |
| <u>COVERAGE(S)</u> Insurance is provided only for those coverages for which a limit or the word "Included" is shown below. | |
| <u>General Liability</u> Limits of Insurance \$1,000,000.00 General Aggregate Limit (Other Than Products–Completed Operations) \$1,000,000.00 Products–Completed Operations Aggregate Limit \$1,000,000.00 Personal And Advertising Injury Limit \$1,000,000.00 Each Occurrence Limit \$300,000.00 Damage To Premises Rented To You Limit \$0.00 Medical Expense Limit Limits of Insurance – Optional Coverages Excluded Abuse & Molestation Coverage – Each Occurrence Limit Excluded Abuse & Molestation Coverage – Aggregate Limit Included Bodily Injury To Athletic Or Sports Participants \$1,000,000.00 Each Sports, Health, Fitness And Wellness Services Incident Limit \$1,000,000.00 Sports, Health, Fitness And Wellness Services Aggregate Limit Premium \$426.80 Total Estimated Commercial General Liability Premium Due From Member | |
| <u>Hired / Non-Owned Automobile Liability</u> Limits of Insurance Excluded Covered Autos Liability Limit Premium \$0.00 Total Estimated Hired / Non-Owned Automobile Liability Premium Due From Member | |
| <u>Liquor Liability</u> Limits of Insurance (the applicable statutory limit or the limit as shown below, whichever is less) Excluded Each Common Cause Excluded Aggregate Limit Premium \$0.00 Total Estimated Liquor Liability Premium Due From Member | |

EXHIBIT B



| CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) 04/01/2021 | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------------------------|-------------------------------|--|--------------|---|-----------------------------|---------------------------|--|--------------------|----------------------------------|-------------------|-----------------|--|-------------------|--|--|-------------------|--|--|-------------------|--|--|
| <p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such</p> | | | | | | | | | | | | | | | | | | | | | | | |
| PRODUCER Eagan Insurance Agency, LLC 2629 N. Causeway Blvd. P. O. Box 8590 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT Leslie Kyle</td> </tr> <tr> <td>NAME:</td> <td></td> </tr> <tr> <td>PHONE (504) 836-9600</td> <td>FAX (504) 836-9621</td> </tr> <tr> <td>(A/C. No. Ext):</td> <td>(A/C. No.):</td> </tr> <tr> <td colspan="2">E-MAIL kylel@eaganins.com</td> </tr> <tr> <td colspan="2">ADDRESS:</td> </tr> </table> | | CONTACT Leslie Kyle | | NAME: | | PHONE (504) 836-9600 | FAX (504) 836-9621 | (A/C. No. Ext): | (A/C. No.): | E-MAIL kylel@eaganins.com | | ADDRESS: | | | | | | | | | | |
| CONTACT Leslie Kyle | | | | | | | | | | | | | | | | | | | | | | | |
| NAME: | | | | | | | | | | | | | | | | | | | | | | | |
| PHONE (504) 836-9600 | FAX (504) 836-9621 | | | | | | | | | | | | | | | | | | | | | | |
| (A/C. No. Ext): | (A/C. No.): | | | | | | | | | | | | | | | | | | | | | | |
| E-MAIL kylel@eaganins.com | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURED New Wine Christian Fellowship Inc. 1929 Airline Hwy | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Travelers Insurance Company</td> <td></td> <td></td> </tr> <tr> <td>INSURER B: Technology Insurance Co. Inc</td> <td></td> <td>42376</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: Travelers Insurance Company | | | INSURER B: Technology Insurance Co. Inc | | 42376 | INSURER C: | | | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | |
| INSURER A: Travelers Insurance Company | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER B: Technology Insurance Co. Inc | | 42376 | | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: CL214158180

REVISION NUMBER:

| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE | | | | | | | | | | | |
|--|---|---|-----------------------------------|-------------------|----------------------------|----------------------------|---|--------------------------------|-----------------------|--|------------|
| INS R | TYPE OF INSURANCE | ADD L | SUB R | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | L | | | | |
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | I660243M1926TIL20 | 12/05/2020 | 12/05/2021 | EACH OCCURRENCE | | \$ 2,000,000 | | |
| | <input type="checkbox"/> CLAIMS-MADE OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | | \$ 300,000 | | |
| | | | | | | | MED EXP (Any one person) | | \$ 5,000 | | |
| | | | | | | | PERSONAL & ADV INJURY | | \$ 2,000,000 | | |
| | | | | | | | GENERAL AGGREGATE | | \$ 4,000,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP | | \$ 4,000,000 | | |
| | | <input type="checkbox"/> POLICY | <input type="checkbox"/> PRO-JECT | | | | | | \$ | | |
| | | OTHER: | | | | | | | \$ | | |
| A | AUTOMOBILE LIABILITY | | | I660243M1926TIL20 | 12/05/2020 | 12/05/2021 | COMBINED SINGLE LIMIT (Ea accident) | | \$ | | |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per | | \$ | | |
| | <input type="checkbox"/> OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per | | \$ | | |
| | <input type="checkbox"/> ONLY | <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | | \$ | | |
| | <input type="checkbox"/> HIRED AUTOS ONLY | | | | | | | | \$ | | |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | | EACH OCCURRENCE | | \$ | | |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS- | | | | | AGGREGATE | | \$ | | |
| | <input type="checkbox"/> DED | <input type="checkbox"/> RETENTION \$ | | | | | | | \$ | | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | N/A | TWC3930645 | 01/30/2021 | 01/30/2022 | <input type="checkbox"/> PER STATUTE | <input type="checkbox"/> OT H- | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | | E.L. EACH ACCIDENT | | \$ 100,000 |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | | E.L. DISEASE - EA | | \$ 100,000 |
| | If yes, describe under | | | | | | | | E.L. DISEASE - POLICY | | \$ 500,000 |
| | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| | |
|---------------------------|---|
| <p>PROOF OF INSURANCE</p> | <p>SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> |
| | <p>AUTHORIZED REPRES</p> <p><i>Cindy Paulin</i></p> <p>ENTA</p> |

ACORD 25 (2016/03)

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ST. JOHN THE BAPTIST PARISH COUNCIL
STATE OF LOUISIANA

RESOLUTION
R21-24

Councilwoman Houston proposed and Councilwoman Schnyder seconded the following resolution:

THE ST. JOHN THE BAPTIST PARISH COUNCIL HEREBY RESOLVES:

**A RESOLUTION AUTHORIZING THE ST. JOHN THE BAPTIST PARISH
PRESIDENT TO SIGN AND EXECUTE A MEMORANDUM OF
UNDERSTANDING (MOU) WITH NEW WINE CHRISTIAN FELLOWSHIP
FOR THE PARKS AND RECREATION DEPARTMENT'S BASKETBALL
ACTIVITIES**

WHEREAS, Article IV, Section H (2) and (5) of the St. John the Baptist Parish Home Rule Charter permits the Parish Council to adopt a resolution when authorizing a designated person(s) to execute a previously approved contract on its behalf and/or to perform a ministerial act related to the administrative business of the Parish; and

WHEREAS, in order to accommodate more registrants, the Parish has determined that the facility (gym) located at 1921 W. Airline Hwy, LaPlace, LA is suitable for the St. John the Baptist Parish Parks and Recreation Department to utilize in conjunction with REGALA Gymnasium for basketball practices and games; and

WHEREAS, New Wine Christian Fellowship has the capacity to efficiently serve the public citizens in the best interest of the Parish; and

WHEREAS, the Parks and Recreation Department will provide basketball equipment and other recreational equipment to New Wine Christian Fellowship.

NOW, THEREFORE, BE IT RESOLVED, by the St. John the Baptist Parish Council, that Parish President Jaclyn Hotard is hereby duly authorized and empowered on behalf of the St. John the Baptist Parish Council to sign and execute the MOU between St. John the Baptist Parish and New Wine Christian Fellowship.

This resolution having been submitted to a vote, the vote thereon was as follows:


YEAS: Madere, Malik, Torres, Houston, Becnel, Arcuri, Schnyder, Wright

NAYS: None

ABSTAIN: None

ABSENT: Duhe-Griffin

And, the resolution was declared adopted on this, the 9th day of March 2021.



Council Chairman



Secretary

Approved: _____ X _____

Veto: _____



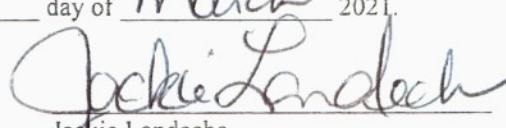
Parish President

* * * * *

C E R T I F I C A T E

I, Jackie Landeche, Secretary of the Council of the Parish of St. John, State of Louisiana, hereby certify that the foregoing is a true and correct copy of a resolution adopted by the St. John Parish Council in regular meeting held on the 9th day of March 2021.

Signed at Laplace, Louisiana this 9th day of March 2021.



Jackie Landeche
Secretary

(S E A L)